

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593128</div>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	↓	2	↓	0	↓		TOTAL IND.	7	↓	0	↓	0	↓
TOTAL DEP.	52	←	19	←	0	←		TOTAL DEP.	24	←	0	←	0	←
TOTAL CLAIMS	54		21		0			TOTAL CLAIMS	31		0		0	
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TOTAL IND.	7	↓	0	↓	0	↓		TOTAL IND.	7	↓	0	↓	0	↓
TOTAL DEP.	24	←	0	←	0	←		TOTAL DEP.	24	←	0	←	0	←
TOTAL CLAIMS	31		0		0			TOTAL CLAIMS	31		0		0	